

Provider Subcontracting Requirements

Sec 422 (reg)	Medicare + Choice Provision	Provider Contract	Policies & Procedures	Comments
Access: Records and Facilities				
422.502(e)(2); 422.502(e)(3); 422.502(i)(2)(ii); 422.502(e)(4)	Specifies that M+C O agrees to give HHS, GAO, designees right to audit, evaluate, inspect books, contracts, medical records, patient care documentation, other records of M+C O, M+C O's contractors, subcontractors, or related entities for 6 years or . . . for periods exceeding 6 years or completion of an audit, whichever is later, for reasons specified in the regulation at 422.502(e)(4)	X		
Access: Benefits & Coverage				
422.54(b)	Provision allows permanent 'out of area' members to receive benefits in <u>continuation area</u>		X	
422.110(a)	Prohibition against discrimination based on health status		X	
422.100(b)	Requires plans to pay for emergency and urgently needed care consistent with provisions at 422.112(b)		X	
422.100(b)(1)(iii)	Requires plans to pay for renal dialysis services for members temporarily outside the service area		X	

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422.100(h)(1)	Mandates direct access to mammography screening and influenza vaccinations.		X	
422.100(h)(2)	Mandates that M+C O may not impose cost-sharing for influenza vaccine and pneumoccal vaccines.		X	
422.112(a)(1)	Requires M+C O maintain written agreements with providers to demonstrate "adequate" access. Network must be sufficient to provide access to covered services		X	
422.112(a)(3)	Mandates direct access to in-network women's health specialist for women for routine and preventive services		X	
422.112(a)(4)	Mandates M+C O have approved procedures to identify, assess and establish treatment plan for persons with complex or serious medical conditions		X	
422.204©	Suspension of termination of plan-contracted providers.		X	
422.112(a)(8)	M+C org. agrees to provide access to benefits in a manner described by HCFA.		X	
Marketing				

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422.80(a), (b), (c)	Requires M+C O adhere to HCFA marketing provisions. "Marketing materials" includes promoting M+C O; informing Medicare members during enrollment; explaining benefits of coverage; and explaining coverage of Medicare services.		X	
Beneficiary Protections				
422.112(a)(10)	Requires that M+C Orgs. ensure services are provided in a culturally competent manner		X	
422.112(b)(5)	Requires M+C O to conduct a health assessment of all new enrollees within 90 days of the effective date of enrollment.		X	
422.112(b)(6)	Requires M+C O maintain procedures to inform members of follow-up care and provide training in self-care as necessary		X	
422.128 (b)(1)(ii)(E)	Requires M+C O document in a prominent place in the medical record whether or not an individual has executed an Advance Directive.		X	
422.502(a)(3)(iii)	Requires M+C O agree to provide all covered benefits in a manner consistent with professionally-recognized standards of health care.		X	
422.502(a)(13); 422.118	Requires M+C O to comply with all confidentiality and enrollee record accuracy requirements	X		

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422.502(g)(1)(i); 422.502(i)(3)(i)(A)	Requires M+C O adopt & maintain hold harmless language to protect enrollees from incurring financial liabilities that are the legal obligation of the M+C O	X		
422.502(g)(2)(i); 422.502(g)(2)(ii) and 422.502(g)(3)	Specifies enrollees who are hospitalized on date M+C O terminates/non-renews contract, becomes insolvent, M+C O must protect benes from loss of benefits through discharge date or period HCFA premium paid	X		M+C regulation does not require contract language but affords alternative ways of meeting the requirement
Delegation				
422.502(i)(3)(iii); 422.502(i)(4)	Requires contracts between M+C O and first tier & first tier & downstream entities specify M+C delegation requirements in manner consistent with M+C regulation	X		
Payment & Federal Funds				
422.208	Requires that payment and incentive arrangements between M+C O, providers, first tier, & downstream entities be specified in contract(s)		X	Payment & incentive arrangements must be specified in policies & procedures for PIP verification
422.520(b)	M+C O must agree to insert a prompt payment provision in all of its contracts with providers, the terms of which are agreed to by both the M+C O and the relevant provider	X		

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422.502(h)(2)	Specifies M+C O receiving Federal funds under M+C O's contracts, and M+C O's first tier & downstream entities are subject to laws applicable to individuals/entities receiving Federal funds and must be notified as such.		X	
Reporting & Disclosure				
422.64(a); 422.502(a)(4); 422.502(f)(2)	Requires M+C O disclose to HCFA all information necessary for HCFA to (1) administer & evaluate the program and (2) to establish & facilitate a process for current & prospective beneficiaries to exercise choice in obtaining Medicare service		X	
422.111(e)	Requires the M+C O to make good faith effort to notify all affected members of the termination of a provider contract within 15 days of notice of termination (either by the health plan or provider)		X	
422.502(a)(8); 422.502(l)(2) & (3); 422.502(l)(2) & (3)	Requires providers to submit encounter data and certify the completeness and truthfulness of the encounter data.		X	
422.502(a)(8)	Requires M+C O to comply with reporting requirements in 422.516 and 422.257	X		
QA/QI				
422.154(a);	Requires that providers agree to cooperate with an independent quality review and improvement organization's activities pertaining to provision of services for Medicare enrollees in an M+C plan		X	

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422.202(b): 422.502(a)(5)	Requires that providers comply with M+C O medical policy, QA program, medical management program. M+C O must develop such standards in consultation with contracting providers		X	
422.502(f)(2)(iv)(A)	Requires M+C O disclose to HCFA quality and performance indicators for the benefits under the plan regarding disenrollment rates for Medicare enrollees enrolled in the plan for the previous two years.		X	
422.502(f)(2)(iv)(B)	Requires M+C O disclose to HCFA quality and performance indicators for the benefits under the plan regarding enrollee satisfaction.		X	
422.502(f)(2)(iv)(C)	Requires M+C O disclose to HCFA quality and performance indicators for the benefits under the plan regarding health outcomes		X	
Compliance				
422.204(c)(1)	Requires M+C O notify provider in writing of reason(s) for denial, suspension & termination determinations that affect health care professionals		X	
422.204(c)(4)	Requires M+C O and contracting providers provide at least 60 days notice before terminating contract without cause		X	

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422.502(h)(1)	Requires M+C O meet requirements of all other laws and regulations, including Title VI of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, the Americans with Disabilities Act , and all other laws applicable to recipients of Federal funds.		X	
422.502(i)(3)(ii)(A)	Specifies all written arrangements between M+C O and first tier & first tier & downstream entities contain accountability provisions.	X		Combine with provision requiring provider adhere to M+C O's contractual obligations with HCFA
422.502(i)(4)(v)	Specifies all written arrangements between M+C O and first tier & first tier & downstream entities contain language specifying that the downstream entity comply with applicable Medicare laws, regulations	X		Combine with provisions describe at 422.502(i)(3)(iii)(A), above
422.752(a)(8)	Prohibits M+C O, first tier & downstream entities from employing or contracting with individuals excluded from participation in Medicare under section 1128 or 1128A of the SSA		X	
422.562(a)	Requires that providers adhere to Medicare's appeals/expedited appeals procedures for M+C O enrollees, including gathering/forwarding information on appeals to M+C O, as necessary		X	